UTAH DEPARTMENT OF AGRICULTURE & FOOD FOOD COMPLIANCE PROGRAM *SURVEY FORM

Business Name:			
Contact Person / Title: Federal ID#: Location Address: Mailing Address:			
		Corporate Billing Address (if applicable): _	
		Phone #: ()	FAX #: ()
		employees, and number of operations con	sed on the square footage of facility, number of ducted in the facility in our current data base. It ment of Agriculture and Food re-evaluate your mit the following corrected information:
Square footage:N	umber of Employees:		
Establishment type (circle): Retail Store Other:	Food Processor Warehouse		
List the food processing areas in the estab	lishment:		
Examples of processing areas: bakery, meat, groce	ery, or produce.		
Indicate the types of food processes that a	re occurring in the production or manufacturing		
areas in the establishment:			
	ng water, packaging bulk foods, curing and smoking of		
fish, cutting meat, baking cookies, or making salac	is.		
I certify the information provided in this surve	ey is true and correct:		
Signature:	Date:		
Utah Department of Agriculture and Food P O Box 146500	, Division of Regulatory Services		
Salt Lake City, Utah 84114-6500	FAX: (801) 538-4949		

SUBMIT CHANGES BY MAIL OR FAX BY AUGUST 25, 2004.